

**CITY OF CONWAY, ARKANSAS**  
**DEPARTMENT OF BUILDING PERMITS & INSPECTIONS**  
**1201 OAK STREET CONWAY ARKANSAS 72032**  
*Phone 501-450-6107 Fax 501-450-6144*

Building Permit Fee: \_\_\_\_\_  
 Permit Plan Review Fee: \_\_\_\_\_  
 State Trade Fee: \_\_\_\_\_  
 Temp. Power: \_\_\_\_\_  
 Parking Lot Fee: \_\_\_\_\_  
 Impact Fee: \_\_\_\_\_  
 In Lieu of Detention Fee \_\_\_\_\_

## Application for Commercial Building Permit

**Date:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

**Proposed Use:** \_\_\_ Multifamily \_\_\_ Commercial/Industrial \_\_\_ Public  
 \_\_\_ Institutional \_\_\_ Educational \_\_\_ Retail/Office

**Description of Work:** \_\_\_ New Construction \_\_\_ Addition \_\_\_ Remodeling \_\_\_ Accessory Building

**Written Description:** \_\_\_\_\_  
 \_\_\_\_\_

**New Sq. Ft.:** \_\_\_\_\_

**Total Project Cost:** \_\_\_\_\_

**Total # Stories:** \_\_\_\_\_

**Repair/Renovation Cost:** \_\_\_\_\_

**Owner:** \_\_\_\_\_

**Applicant:** \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax: \_\_\_\_\_

Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**Design Professional:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone#: \_\_\_\_\_

Fax#: \_\_\_\_\_

Email: \_\_\_\_\_

State Lic. #: \_\_\_\_\_

**General Contractor:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

State Lic. #: \_\_\_\_\_

**Job Site Contact:** \_\_\_\_\_

Phone #: \_\_\_\_\_

UNDER PENALTY OF INTENTIONAL MISREPRESENTATION AND/OR PERJURY, I declare that I have examined and/or made this application and it's true and correct to the best of my knowledge and belief. I agree to construct said improvement in compliance with all provisions for the applicable ordinances. I further certify that all easements, deed restrictions, or other encumbrances restricting the use of the property are shown on the site plan submitted with this application. I have been given authorization from the property owner to obtain this permit. I realize the information I have affirmed hereon forms a basis for the issuance of the permit herein applied for and approval of plans in connection therewith shall not be construed to permit any construction upon said premises or use thereon in violation of any applicable ordinance or to excuse the owner or his or her successors in title from complying therewith.

**Storm Water Pollution Prevention Agreement**

I understand the requirements to conform to the Storm Water Pollution Prevention plan and keep the streets and drainage systems of Conway free of sediments, debris and trash. I understand that clean-up cost will be charged to the owner if clean up is necessary by the City. I also understand that inspections by the City will not be made unless appropriate storm water pollution prevention measures are in place and maintained throughout the project. I understand and agree to abide by the Storm Water Pollution Prevention Plan and acknowledge it is the responsibility of the owner and builder to be familiar with and understand the Storm Water Pollution Prevention Ordinances.

**Insurance Agreement**

I hereby certify that I am in compliance with the Conway Municipal Code pertaining to Applications for Permit-Certificate of Insurance.

**Notice:** Separate permits are required for electrical, plumbing, heating, ventilation, or air conditioning. This permit becomes null and void if work or construction authorized is not commenced within 6 months, or if construction or work is suspended or abandoned for a period of 6 months at any time after work has commenced.

Approved for issuance by: \_\_\_\_\_ on \_\_\_\_\_  
 (For office use only)

City Engineer Approval Received: \_\_\_ Yes \_\_\_ No \_\_\_ NA  
 (For office use only)

Floodway/Floodplain: \_\_\_ Yes \_\_\_ No  
 (For office use only)

Applicant Signature \_\_\_\_\_